

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000005396			
1. Corporation Name VIETNAM VETERANS OF AMERICA, INC., CHAPTER 811-A ALTAMONTE SPRINGS, FL PO Box 141551 ORLANDO, FL 32814			
Principal Place of Business 830A MAGNOLIA DR. ALTAMONTE SPRINGS FL		Mailing Address 830A MAGNOLIA DR. ALTAMONTE SPRINGS FL	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
24		29	
9. Name and Address of Current Registered Agent GOLDADE, STEVEN J 830A MAGNOLIA DR. ALTAMONTE SPRINGS FL		10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE: <u>STEVEN J. GOLDADE</u> NOTE: Registered agent signature required when applicable.	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
D EVERSON, RICHARD 830A MAGNOLIA DR. ALTAMONTE SPRINGS FL		EVERSON, RICHARD PRES. PO Box 141551 ORLANDO, FL 32814	
D GOLDADE, STEVEN J 830A MAGNOLIA DR. ALTAMONTE SPRINGS FL		GOLDADE, STEVEN J OFF 1910 SHANNON LANE APOPKA, FL 32703	
D BUCK, CHARLES G 830A MAGNOLIA DR. ALTAMONTE SPRINGS FL		BUCK, CHARLES G TREAS. 6443 PRAIRIE DR ORLANDO, FL 32818-1742	
D VAN GINKHOVEN, MICHELLE D 830A MAGNOLIA DR. ALTAMONTE SPRINGS FL		VAN GINKHOVEN, MICHELLE PO Box 141551 ORLANDO, FL 32814	
D NAME STREET ADDRESS CITY-ST-ZIP		D NAME STREET ADDRESS CITY-ST-ZIP	
D NAME STREET ADDRESS CITY-ST-ZIP		D NAME STREET ADDRESS CITY-ST-ZIP	
D NAME STREET ADDRESS CITY-ST-ZIP		D NAME STREET ADDRESS CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

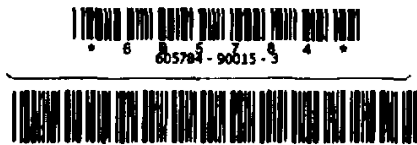
SIGNATURE: CHARLES G. BUCK

8-10-99

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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